PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2004

10684413

		CLAIMS A	S FILED · (Column		(Column 2)			SMALL ENTITY TYPE			•	R THAN L ENTITY	
TOTAL CLAIMS			.11				[[RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	395.00	OR	BASIC FEE	790.00	
TOTAL CHARGEABLE CLAIMS			j9 minus 20=		• 8			X\$ 9=		OR	·X\$18=		
INDEPENDENT CLAIMS			minus 3 =					X44=		OR	X88=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESËNT		-			+150=		OR	+300=	3600	
* 11	the difference	in column 1 is	less than z	ero, enter	"0" in c	olumn 2	N.	TOTAL		OR	TOTAL	1150.0	
CLAIMS AS AMENDED - PART II											OTHER		
	•	(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> -</u>		X44=		OR	X88=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						۱ <u>۱</u>	+150=		OR	+300=		
								TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)									·	OR	ADDIT. FEE		
		(Column 1) CLAIMS		HIGH		(Column 3)	1 -		ADDI	1		4551	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X44=		OR	X88=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									٠, ر			
		•					L	+150=		OR	+300=		
							AI	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)					•	. '	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= '		X\$ 9=		OR	X\$18=		
NE.	Independent	*	Minus	***	•	=		X44=		· Ì	X88=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		 -		·	OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
***	f the "Highest Nur f the "Highest Nur	nber Previously Pain nber Previously Pain nber Previously Paid ber Previously Paid	id For" IN THIS id For" IN THIS	SPACE is SPACE is	less than	20, enter "20." 3, enter "? "	70	TOTAL DIT. FEE			TOTAL DDIT. FEE Imn 1.		